

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. AC78374574/01/01	FILING DATE				
CLAIMS							APPLICANT(S)					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	14						TOTAL IND.					
TOTAL DEP.	21						TOTAL DEP.					
TOTAL CLAIMS	25						TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3/88)

Best Available Copy